



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
SCHEDULE Z
LEASE SCHEDULE

2015

PT-300Z
(Rev. 12/12/13)
7058

Owner Name _____

SID _____

Please furnish the following information for all leases not previously reported. Indicate the schedule letter, schedule number and plant/operation name associated with each lessee/lessor. Attach Schedule Z behind page two of the PT-300.

Sch Letter _____ Sch Number _____ Plant/Operation Name _____
 Lessee/Lessor _____ FEI/SSN _____
 Street _____ City _____ State _____ ZIP _____
 Type Property Leased: ☐ Real ☐ Personal ☐ Real and Personal
 Property Leased: ☐ To or ☐ From the above Lessee/Lessor Date Lease Started: _____ (Mth/Yr) Annual Rent: _____

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Additional Space on Back.

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